

STATE OF CALIFORNIA - AIR RESOURCES BOARD  
TRAVEL EXPENSE CLAIM

ARB/ASD 262A (REV. 1/2008)

CLAIMANT'S NAME Linda Adams				SSN OR EMPLOYEE NUMBER On File				DEPARTMENT Cal/EPA						
POSITION Secretary for Environmental Protection			CB/ID NUMBER	DIVISION OR BUREAU Office of the Secretary					INDEX NUMBER					
RESIDENCE ADDRESS On File				HEADQUARTERS ADDRESS 1001 I Street, 25th Floor					TELEPHONE NUMBER 916-323-2514					
CITY On File		STATE		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95814				
(1) MONTH/YEAR Sep-09	(3) LOCATION WHERE EXPENSES WERE INCURRED		(4) LODGING	(5) MEALS O.T.L.T. NC, RELO. OR DINNER			(6) INCIDENTALS	(7) TRANSPORTATION (A) COST OF TRANS. (B) TYPE USED (C) CARFARE, TOLLS, PARKING (D) PRIVATE CAR USE MILES AMT				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH									
9/8	7:00	Departed the Sacramento Airport (SMF) to Burbank. Toured hotel in Los Angeles in preparation of the Governors' Global Climate Summit 2.										0.00		0.00
9/8	22:00	Departed Burbank, CA Airport (BUR). Arrived Sacramento, CA.				18.00			SC	15.00		0.00		33.00
												0.00		0.00
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												0.00		0.00
(10) SUBTOTALS			0.00	0.00	0.00	18.00	0.00	0.00	0.00	15.00	0.0	0.00		33.00
CLAIM TOTAL												\$	33.00	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) In preparation for the Governors' Global Climate Summit 2 event in the Fall of 2009, the Secretary toured the Summit venue at Century Plaza Hotel on September 8 for planning purposes and met with the production team. Due to the flights late arrival and safety purposes Secretary Adams utilized the "Daily" parking structure at the Sacramento Airport.														
8:00-5:00pm			AGENCY ACCOUNTING OFFICE USE ONLY											
(13) PRIVATE VEHICLE LICENSE NO.														
(14) MILEAGE RATE CLAIMED \$ 0.550														
AGENCY ACCOUNTING OFFICE USE ONLY														
PAID BY REVOLVING FUND CHECK NUMBER														
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage														
CLAIMANT'S SIGNATURE				DATE		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT					DATE			

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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE
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